



STATE OF MONTANA • DEPARTMENT OF ADMINISTRATION
DIVISION OF BANKING AND FINANCIAL INSTITUTIONS

301 South Park, Suite 316 • PO Box 200546 • Helena, MT 59620-0546

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2014 RENEWAL APPLICATION
ESCROW BUSINESS LICENSE RENEWALS

License Number

Date

I hereby affirm the following:

1. The undersigned will continue Escrow Business through December 31, 2014, and hereby renews its license. The license renewal fee of \$100.00 is enclosed.
2. The Division has been notified of changes in personnel, ownership, or office location during the current year. (Attach information if applicable.)
3. Daily operation of our office has been in accordance with the provisions of the Regulation of Montana Escrow Businesses Act (Title 32, Chapter 7, MCA) and Administrative Rules 2.59.701 through 2.59.704.
4. Corrections and adjustments required as a result of an examination conducted by the Division have been made.

We hereby certify the above information is correct to the best of our knowledge and belief.

Licensee Name _____

Address _____

Phone _____ Fax _____

Email _____

Home Office Address _____

Phone _____ Fax _____

In witness whereof I hereby certify the above information is true, correct, and complete in every respect, to the best of my knowledge and belief.

Authorized Signature: _____ Title: _____

Print Name: _____ Date: _____

The following must be completed by a Notary:

State of _____)

County of _____)

Before the undersigned, a Notary Public, personally appeared: _____

_____ the authorized official of
this licensee, to me known, who acknowledged that they executed the foregoing renewal application
for the purpose therein mentioned on _____ (date).

(Signature of Notary Public)

(Name – typed, stamped or printed)

(Title and Rank)

(Residing at)

My commission expires: _____

(Seal, if any)